



STATE MEDICAID DUR BOARD MEETING
THURSDAY, April 11, 2013
7:00 a.m. to 8:30 a.m.
Cannon Health Building
Room 125



MINUTES

Board Members Present:

Neal Catalano, PharmD.
Mr. Kumar Shah
Kathy Goodfellow, R.Ph.
Bradford Hare, M.D.
Kyle Jones, M.D.
Susan Siegfried, M.D.

Jay Aldous, DDS
George Hamblin, R.Ph.
Mark Balk, PharmD.
Tony Dalpiaz, PharmD.
Keith Tolman, M.D.

Board Members Excused:

Cris Cowley, M.D.

Joseph Miner, M.D.

Dept. of Health/Div. of Health Care Financing Staff Present:

Tim Morley, R.Ph.
Lisa V Hunt, R.Ph.
Richard Sorenson, R.N.
Merelynn Berrett, R.N.

Robyn Seely, PharmD.
Trevor Smith C.Ph.T.
Heather Santacruz, R.N.
Marisha Kissell, R.N.

Other Individuals Present:

Joanita Lake, UofU
Scott Larson, BMS
Gary Ordera, UofU

Doug Wood, Viiv
Bert Jones, GSK
Aimee Redhair, Astellas

Meeting conducted by: Neal Catalano, PharmD

1. **Welcome** - Neal Catalano opened the meeting.
2. **Housekeeping** – Robyn Seely reminded guests and board members to sign in.
 - a. Introduction of new board members, Keith Tolman MD, Kyle Jones MD, and Susan Siegfried, MD
 - b. Appreciation for past chair and 6 year board member Neil Catalano
 - c. Introduction and motion of the new board chair, Tony Dalpiaz, PharmD. All board members in favor of new chair, motion carries

3. **P&T Committee report** – Lisa Hunt addressed the board. She reported that the P&T committee will be conducting the Open Meetings Training as mandated by the state of Utah in their April meeting. She then reviewed topics to be discussed at future P&T meetings.
4. **Approval of prior meeting minutes** – March DURB meeting minutes will be approved at the May 2013 meeting.
5. **Overactive bladder** – Joanita Lake presented the clinical evidence prepared by the University of Utah Drug Information Center. OAB affects 17% of adults and is more common in women and older people. Treatment options include behavior changes, strengthening exercises or pharmacological treatments. Anticholinergic drugs are the most commonly prescribed type medication for OAB. Oxybutynin HCl is the most common drug prescribed for this type disorder. Dr. Lake showed a table showing usual and maximum dosage for anticholinergic medications. She explained possible side and adverse effects to the medications and what prescribers and patients should watch for. The University of Utah makes a recommendation to make behavior therapy the first line treatment. Anticholinergic drugs are recommended as a second line treatment. There is no recommendation between the different available anticholinergic agents; however, the extended release formulations of these products have fewer side effects than the short acting variations. Use of patch or gel forms of these drugs are recommended to only be reserved for those who fail on oral formulations or are unable to take medications orally.

Recommendation: Patch and gel Formulations of anticholinergic pharmaceutical agents require a prior authorization. Suggested prior authorization criteria could include a DX code for OAB, include an age range, and documentation of failure or intolerance on the oral product.

No Public Comment

- Robyn Seely said that the patch is preferred on the PDL, along with many oral forms of both immediate and extended release products. She proposed that the Non-Preferred Authorization Request form be used for products that are not preferred on the PDL and opened for discussion on the issue.
- Mark Balk said that the PA criteria is less restrictive.
- Bradford Hare asked about behavior changes and if that should be included in the requirements to obtain an anticholinergic product.
- Susan Siegfried spoke about gynecologist and their methods for starting with behavioral changes and Kegel exercises.
- Neil Catalano asked if we should include behavior changes in the PA requirements.
- Joanita Lake restated that the guidelines mentioned that the first line of treatment should be behavioral changes.
- Bradford Hare said that some patients are more complex and an instruction of behavior change is not possible.
- Kyle Jones said that behavior changes would be helpful
- Tim Morley said that behavior changes would be best, and should be used as a first line of treatment by physicians, but it is hard to track as Medicaid does not have a

way of keeping records of behavior change recommendations, like it does with medications.

- Mark Balk mentioned that there is no standardized method of behavior or exercise training for physicians to use. He offered the suggestion to include a simple yes/no check boxes asking if behavior changes was offered to patient
- Keith Tolman stated that every disease requires some sort of behavior modification
- Kumar Shah said that we must trust the MD to follow guidelines and teach behavior changes
- Mark Balk said that this might set a precedence and force drug therapies to require a behavior changes prior to medication being prescribed.
- Tim Morley and Robyn Seely restated the duties and responsibilities of the DURB and compared it to those of the P&T committee. Tim said that anything that impacts drug utilization should be considered including behavioral changes.
- Susan Siegfried told about the difficulties of making behavior change criteria in a prior authorization, she said many doctors are not thorough in evaluations or meeting criteria for treatments for their patients, Brad Hare agrees.
- Robyn Seely mentioned that the FDA is going to authorize the Oxytrol patch to go OTC, even though monitoring patients' use of behavioral changes is not possible.
- Idea that mailing education materials to physician about OAB behavioral change would not be effective
- Lisa Hunt suggested using a note to the PDL stating the recommendation of behavioral change prior to drug therapy

Mark Balk made a motion to okay the criteria as written in the Non-Preferred Drug Authorization Form for use to approve the non-preferred anticholinergic agents. His motion also included the use of the Amber sheet to reiterate the recommendation of using behavioral changes as a first line treatment and a note in the anticholinergic class on the PDL with this same recommendation. Kyle Jones seconded the motion. The motion was approved by all board members.

6. The next DUR Board meeting is scheduled for Thursday, May 9, 2013.

Minutes prepared by Trevor Smith.